



U.S. DEPARTMENT OF JUSTICE

*United States Attorney
Southern District of Illinois
James L. Porter
Acting United States Attorney*

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Assistant United States Attorney FAX (618) 628-3720
Nine Executive Drive
Fairview Heights, Illinois 62208
Scott.Verseman@usdoj.gov

May 27, 2016

Alfred Cross
1101 5th Street S
Effingham, IL 62401

Dear Mr. Cross:

The federal government has received information indicating that you committed federal crimes, including bank fraud, in violation of Title 18, United States Code, Section 1344.

It is expected that this office will present this matter to a federal grand jury within the near future and may seek an indictment against you for these crimes at that time. Before presentation of this matter to the grand jury, this office is willing to discuss with your attorney the possibility of a pre-indictment plea agreement if you so desire. It is important that you consider this matter carefully with your attorney.

If you can demonstrate that you are financially unable to hire an attorney, one can and will be appointed by the court to assist you. To request a court-appointed attorney, you must first complete and sign the bottom portion of the enclosed financial affidavit. After accurately completing the affidavit, please return it to this office in the enclosed, postage-paid envelope. The affidavit will then be presented to a United States Magistrate Judge who will determine whether or not you qualify for a court-appointed attorney. You will be notified of the court's decision.

Your attorney should contact the undersigned Assistant no later than Monday, June 13, 2016, if he or she wants to discuss this matter. If you are requesting a court-appointed attorney, your application should reach this office on or before the same date. If neither your attorney nor you have contacted this office by the date indicated, this office will proceed with preparations for the presentation of your case to the grand jury.

Sincerely yours,

JAMES L. PORTER
Acting United States Attorney


SCOTT A. VERSEMAN
Assistant United States Attorney

encl.

CJA 23
(Rev. 11/11)**FINANCIAL AFFIDAVIT**

IN SUPPORT OF REQUEST FOR ATTORNEY, EXPERT, OR OTHER SERVICES WITHOUT PAYMENT OF FEE

IN THE UNITED STATES ☒ DISTRICT COURT ☐ COURT OF APPEALS ☐ OTHER (Specify below)
IN THE CASE OF

United States v. Alfred Cross

FOR

AT

LOCATION NUMBER

PERSON REPRESENTED (Show your full name)

- 1 ☒ Defendant - Adult
 2 ☐ Defendant - Juvenile
 3 ☐ Appellant
 4 ☐ Probation Violator
 5 ☐ Supervised Release Violator
 5 ☐ Habeas Petitioner
 7 ☐ 2255 Petitioner
 8 ☐ Material Witness
 9 ☐ Other (Specify) _____

DOCKET NUMBERS

Magistrate Judge

District Court

Court of Appeals

CHARGE/OFFENSE (describe if applicable & check box--)
18 United States Code, Section 1344

- ☒ Felony
☐ Misdemeanor

ANSWERS TO QUESTIONS REGARDING ABILITY TO PAY

INCOME & ASSETS	EMPLOYMENT	Are you now employed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Self-Employed Name and address of employer: _____ IF YES, how much do you earn per month? \$ _____ IF NO, give month and year of last employment? _____ How much did you earn per month? \$ _____															
		If married, is your spouse employed? <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES, how much does your spouse earn per month? \$ _____ If you are a minor under age 21, what is the approximate monthly income of your parent(s) or guardian(s)? \$ _____															
	OTHER INCOME	Have you received within the past 12 months any income from a business, profession or other form of self-employment, or in the form of rent payments, interest, dividends, retirement or annuity payments, or other sources? <input type="checkbox"/> Yes <input type="checkbox"/> No <table border="0"> <tr> <td>IF YES, give the amount received and identify the sources</td> <td>RECEIVED</td> <td>SOURCES</td> </tr> <tr> <td>\$ _____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>\$ _____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>\$ _____</td> <td>_____</td> <td>_____</td> </tr> </table>	IF YES, give the amount received and identify the sources	RECEIVED	SOURCES	\$ _____	_____	_____	\$ _____	_____	_____	\$ _____	_____	_____			
	IF YES, give the amount received and identify the sources	RECEIVED	SOURCES														
\$ _____	_____	_____															
\$ _____	_____	_____															
\$ _____	_____	_____															
CASH	Do you have any cash on hand or money in savings or checking accounts? <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES, total amount? \$ _____																
	PROP-ERTY	Do you own any real estate, stocks, bonds, notes, automobiles, or other valuable property (excluding ordinary household furnishings and clothing)? <input type="checkbox"/> Yes <input type="checkbox"/> No <table border="0"> <tr> <td>IF YES, give value and description for each</td> <td>VALUE</td> <td>DESCRIPTION</td> </tr> <tr> <td>\$ _____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>\$ _____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>\$ _____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>\$ _____</td> <td>_____</td> <td>_____</td> </tr> </table>	IF YES, give value and description for each	VALUE	DESCRIPTION	\$ _____	_____	_____	\$ _____	_____	_____	\$ _____	_____	_____	\$ _____	_____	_____
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\$ _____	_____	_____															
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\$ _____	_____	_____															

OBLIGATIONS & DEBTS	DEPENDENTS	MARITAL STATUS <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated or Divorced Total No. of Dependents _____ List persons you actually support and your relationship to them _____ _____ _____ _____														
	DEBTS & MONTHLY BILLS (Rent, utilities, loans, charge accounts, etc.)	<table border="0"> <tr> <td>DESCRIPTION</td> <td>TOTAL DEBT</td> <td>MONTHLY PAYMENT</td> </tr> <tr> <td>_____</td> <td>\$ _____</td> <td>\$ _____</td> </tr> <tr> <td>_____</td> <td>\$ _____</td> <td>\$ _____</td> </tr> <tr> <td>_____</td> <td>\$ _____</td> <td>\$ _____</td> </tr> <tr> <td>_____</td> <td>\$ _____</td> <td>\$ _____</td> </tr> </table>	DESCRIPTION	TOTAL DEBT	MONTHLY PAYMENT	_____	\$ _____	\$ _____	_____	\$ _____	\$ _____	_____	\$ _____	\$ _____	_____	\$ _____
DESCRIPTION	TOTAL DEBT	MONTHLY PAYMENT														
_____	\$ _____	\$ _____														
_____	\$ _____	\$ _____														
_____	\$ _____	\$ _____														
_____	\$ _____	\$ _____														

I certify under penalty of perjury that the foregoing is true and correct.

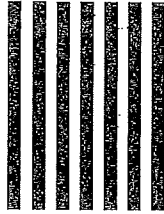
SIGNATURE OF DEFENDANT
(OR PERSON REPRESENTED)

Date

OFFICIAL BUSINESS
PENALTY FOR PRIVATE USE \$300



NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES



BUSINESS REPLY MAIL

FIRST-CLASS MAIL PERMIT NO. 16280 WASHINGTON DC

POSTAGE WILL BE PAID BY U.S. DEPARTMENT OF JUSTICE

ATTN:

Scott A. Verseman

UNITED STATES ATTORNEYS OFFICE

9 EXECUTIVE DR

FAIRVIEW HEIGHTS IL 62208